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WEMMH/SB/21 (4/03)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/728,026	
	Filing Date	December 4, 2003	
	First Named Inventor	Stephen E. RONSHEIM	
	Group Art Unit	3679	
	Examiner Name	Victor I. MacArthur	
Total Number of Pages in this Submission	8	Attorney Docket Number	4098-6

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment - Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard Response to Restriction Requirement
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature	<i>James M. Durlacher</i>	
Date	September 13, 2005	

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I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 via Telefax No. 571-273-8300 on this date: September 13, 2005			
Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	September 13, 2005

WEMH/SE/17 (12/04)
OMB 0851-0032

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☒ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**0****Complete If Known**

Application Number	10728,028
Filing Date	December 4, 2003
First Named Inventor	Stephen E. RONSHEIM
Group Art Unit	3679
Examiner Name	Victor I. MaoArthur
Attorney Docket Number	4098-8

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):☐ Deposit Account: Deposit Account Number **23-3030**Deposit Account Name **Woodard, Emhardt, Moriarty,
McNett & Henry LLP**

See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)**50** Small Entity Fee (\$)**25**

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)**200** Small Entity Fee (\$)**100**

Multiple dependent claims

Fee (\$)**360** Small Entity Fee (\$)**180**Total Claims **8** Extra Claims **0** Fee (\$)**25** Fee Paid (\$)**0**

Multiple Dependent Claims

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims **1** Extra Claims **0** Fee (\$)**100** Fee Paid (\$)**0**Fee **360** Fee Paid (\$)**0**

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **100** Extra Sheets **0** Number of each additional 50 or fraction thereof **0** Fee (\$)**0** Fee Paid (\$)**0****100** - **100** = **0** / **50** = **0** (round up to a whole number) x **250** = **0****4. OTHER FEE(S)**Fee Paid (\$)**0**

Non-English Specification.

0

Other: Fee to Record Assignment

SUBMITTED BY:Name (Print/Type): **James M. Durlacher**Registration No.: **28,840**
(Attorney/Agent)Telephone: **(317) 634-3456**Signature: **James M. Durlacher**Date: **September 13, 2005****CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, on September 13, 2005

Name (Print/Type): **Sandra L. Sliz**Signature: **Sandra L. Sliz**Date: **September 13, 2005**